

City Clerk's Office - 1700 Convention Center Drive, Miami Beach, FL 33139

Phone: 305-673-7411 Email: CityClerk@miamibeachfl.gov - Office Hours: Monday through Friday from 8:30 a.m. to 5:00 p.m.

DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP

Article IV -Chapter 62-131 of the Miami Beach City Code

Registration No. _____

Instructions:

Complete and submit this form (**notarization is required**) to the City Clerk's Office at the address above. A filing fee of \$25.00 is required and must accompany the registration form. Make check payable to the City of Miami Beach. The termination of Domestic Partnership becomes effective on the date of filing this form. **This form to be used only when signed by one partner.**

Do you or your domestic partner claim any exemption to public record disclosure pursuant to Section 119 Florida Statutes? ☐ Yes ☐ No. *If "yes", submit on a separate page a detailed explanation of exemption.*

I swear or affirm under penalty of perjury that:

1. The Domestic Partnership between _____
Former Domestic Partner

Registration Number _____, and the undersigned, is hereby terminated, and

2. On _____, the City Clerk's Office was provided with his/her last known

address, which is _____. A copy of

the termination statement shall be served by certified or registered mail on the other Registered

Domestic Partner.

Signature _____

Print Name _____

Address: _____

Telephone Number () _____

Notarization: (Required)

State of _____

County of _____

Sworn to and subscribed before me this ____ day of _____, 200__ by _____ and _____ who are personally known ____ or produced Identification _____.

Signature of Notary Public

For Clerk's Use Only:

Filing Date _____ MCR# _____ Received by: _____